

**Colorado Nursing Facility Culture Change Accountability Board  
CMP Distribution Grants 2009-2010**

**Grant Application Form**

**GENERAL INFORMATION**

**Applicant Organization:** \_\_\_\_\_

**Address/Town/Zip:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Amount of Request: \$**\_\_\_\_\_

*Please be concise and limit your application to six pages, no smaller than 10 font. You may attach two additional pages for your P&L summary and balance sheet. If you need a little additional room, you can delete the tips and examples, but don't remove the headings from the form.*

**ORGANIZATIONAL INFORMATION**

**Describe your agency or organization.** *(For example - What is your mission and purpose? How old is your organization? How many employees or volunteers?)*

**What does your agency or organization do?** *(If you provide a wide variety of services, focus on those related to resident-centered care in nursing facilities since that is the purpose of this grant.)*

**Who do you serve?** *(What kinds of people – families, seniors? How many people are served? Where are your services provided?)*

PROJECT INFORMATION

**How do you propose to use these grant funds?** *(Describe what you will do with the funds and tell us why you need the funding. Describe how your proposal will meet the requirements and intent of HB 09-1196. Include the scope of work, service area, timeline and collaboration with others.)*

**What is the full cost of your project and, if more than the grant, where will you get the remaining funds? Provide a budget for your project including of how the grant money will be used and any other funds or in-kind donations.**

#### PROJECT IMPACT

**How will receipt of this grant make a difference in the quality of life of people living in nursing facilities? How will the project be sustained and replicated?**

#### KEY PERSONNEL

**Identify the key personnel (name and title) who will be responsible for implementing this project and the percent of their time that will be dedicated to the project.**

#### PROJECT EVALUATION

**Colorado Culture Change Accountability Board is required to file a report on how the funds were distributed and what the impact was on residents residing in Colorado nursing homes. Describe in detail how you will evaluate your project and measure the results in quantifiable terms, and by whom your results will be measured.**

#### ORGANIZATIONAL INFORMATION – BUDGET

**Provide your balance sheet and P&L summary for your most recent fiscal year.**

*(These may be attached)*

**In general, where do you get your funding? Please use percentages.** *(For example - 50% Medicaid, 20% private pay, 15% Medicare, 15% donations)*

**If your organization is a nursing facility please answer the following regarding any surveys in the past 12 months.**

Were there any deficiencies cited meeting the substandard quality of care level or above as defined by CMS in the State Operations Manual?

Were there any repeat G level deficiencies cited on a revisit?

**We encourage you to submit your application electronically to**

**[sclark@coculturechange.org](mailto:sclark@coculturechange.org)**

**You may also mail your application to Sheri Clark, 8200 S. Quebec St. #A3-176 Centennial, CO 80112**

**Application must be received by **March 30, 2010 at 5pm****

**Late submissions will not be accepted.**

**If you have questions, contact Sheri at the same email address or by calling  
(303)-868-4311**